

regulation and control of the American people. Our energy policies must be based upon scientific truth—not fictional movies or self-interested international agendas. They should be based upon the accomplishments of technological free enterprise that have provided our modern civilization, including our energy industries. That free enterprise must not be hindered by bogus claims about imaginary disasters.

Above all, we must never forget our contract with the American people—the Constitution that provides the sole source of legitimacy of our government. That Constitution requires that we preserve the basic human rights of our people—including the right to freely manufacture, use, and sell energy produced by any means they devise—including nuclear, hydrocarbon, solar, wind, or even bicycle generators.

While it is evident that the human right to produce and use energy does not extend to activities that actually endanger the climate of the Earth upon which we all depend, bogus claims about climate dangers should not be used as a justification to further limit the American people's freedom.

In conclusion, I once again urge my colleagues to carefully consider the arguments made by the 31,478 American scientists who have signed this petition before voting on any legislation imposing new regulations or taxes on the American people in the name of halting climate change.

CONGRATULATING MAYOR
CHARLES MURPHY FOR BEING
ELECTED VICE PRESIDENT OF
THE ALABAMA LEAGUE OF MUNICIPALITIES

HON. JO BONNER

OF ALABAMA

IN THE HOUSE OF REPRESENTATIVES

Thursday, June 4, 2009

Mr. BONNER. Madam Speaker, it is with great pride and pleasure that I rise today to congratulate Robertsdale Mayor Charles Murphy for being elected vice president of the Alabama League of Municipalities. As the elected vice president, Mayor Murphy will become president of the League in 2010 and will also become the fourth Baldwin County mayor to preside over the Alabama League of Municipalities in the organization's 74 year history.

Born in Missouri, Mayor Murphy was raised on a cotton and cattle farm near Bossier City, Louisiana. After high school, he began his career with the U.S. Navy. After his discharge, he joined South Central Bell, now BellSouth, in 1973. In 1976, BellSouth transferred him to south Alabama to work in the company's construction department. He continues to work for BellSouth today and is currently the manager of the supply division for the Gulf Coast.

Mayor Murphy's public service career began in 1983 when he was appointed to Robertsdale's Zoning Board of Adjustments. In 1988, he was elected to the city council, and just four years later, he was elected mayor of Robertsdale. He serves on the board of directors for the Alabama Municipal Insurance Corporation and is the chairman of the Baldwin County Mayor's Association.

As president of the Alabama League of Municipalities, Mayor Murphy will oversee an or-

ganization that serves as the voice of the cities and towns of Alabama. Since 1935, the organization has brought municipalities together to promote legislation, provide legal advice, and establish education programs for city and town officials.

Madam Speaker, on behalf of the city of Robertsdale and Alabama's First Congressional District, I ask my colleagues to join me in recognizing a dedicated community leader and friend to many throughout Alabama. On behalf of all those who have benefited from his good heart and generous spirit, permit me to extend thanks for his many efforts in making Robertsdale and all of Alabama a better place.

INTRODUCTION OF THE MEDICARE SAVINGS PROGRAM IMPROVEMENT ACT OF 2009

HON. XAVIER BECERRA

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, June 4, 2009

Mr. BECERRA. Madam Speaker, I rise today to introduce the Medicare Savings Program Improvement Act of 2009 with my colleague Congressman LLOYD DOGGETT (D-TX). Senator BINGAMAN (D-NM) is introducing similar legislation in the Senate. This legislation makes long overdue improvements to the Medicare Savings Program by providing additional assistance to modest income seniors for their health care out-of-pocket expenses.

Numerous advocacy groups have endorsed the bill, including AARP, Families USA, Consumers Union, the Center for Medicare Advocacy, the Medicare Rights Center, the National Committee to Preserve Social Security and Medicare, the National Council on Aging, and the National Senior Citizens Law Center.

Currently, the Medicare Savings Program provides needed financial assistance for more than 6.2 million of the sickest and most vulnerable Medicare beneficiaries. The program has three major categories of beneficiaries: Qualified Medicare Beneficiaries (QMBs), Specified Low-Income Medicare Beneficiaries (SLMBs) and Qualified Individuals (QI). These categories provide varying amounts of benefits to Medicare beneficiaries whose annual incomes are less than 135 percent of the federal poverty level (annual incomes of \$14,623 for an individual and \$19,670 for couples in 2009) and annual resources are no more than \$4,000 for individuals and \$6,000 for couples.

Unfortunately, the Medicare Savings Program does not reach many eligible beneficiaries because the benefit rules are very restrictive and confusing, and it is difficult to apply for the program. The Congressional Budget Office estimated that only 33 percent of eligible QMBs and 13 percent of eligible SLMBs actually are enrolled in the program. This enrollment rate is much lower than other federal benefit programs. For instance, 75 percent of eligible beneficiaries receive the Earned Income Tax Credit, 66 to 73 percent of eligible recipients enroll in the Supplemental Security Income program and 66 to 70 percent of eligible beneficiaries enroll in Medicaid.

The National Academy of Social Insurance found that many potential beneficiaries do not apply for these benefits because they incorrectly assume that they have too many re-

sources. And for many more modest-income Medicare beneficiaries, the extremely low asset test of the Medicare Savings Program disqualifies them from receiving these important benefits. A 2002 Commonwealth Fund study found that only 48 percent of those who met the income requirements for the Medicare Savings Program in effect that year also met the asset requirements.

This inability to access the Medicare Savings Program benefit has real consequences for these seniors and individuals with disabilities. MedPAC has cited a study finding that QMB qualifying nonenrollees were twice as likely to avoid visiting a physician because of cost than QMB enrollees. As a result, QMB qualifying nonenrollees are more likely to access hospital emergency rooms than QMB enrollees.

Both the National Academy of Social Insurance and the Henry J. Kaiser Family Foundation in separate studies cite similar reasons for the low enrollment in the Medicare Savings Program. They include: enrollment in Medicaid offices (welfare stigma), asset reporting, lack of awareness (79 percent of unenrolled eligible beneficiaries never heard of the program), hard-to-reach population (eligible individuals are older, poorer, sicker and often cannot read or speak English), and a burdensome application process (two-thirds of enrollees need help with the application).

Recognizing the shortcomings of the current program, Congress did make modest, but important modifications in the rules of the program last year. As part of "The Medicare Improvements for Patients and Providers Act" (P.L. 110-275), Congress allowed seniors to begin their application process in Social Security offices, modestly increased asset limits and eliminated a provision that allowed states to recover assets upon a beneficiary's death. These provisions did simplify the application process, make more individuals aware of the program and increase outreach to hard-to-reach individuals. However, much more needs to be done.

Even with these changes, the Medicare Savings Program's current design still makes it difficult for eligible seniors to enroll for the benefits and its eligibility requirements are significantly stricter than the Medicare low-income drug subsidy program. Recognizing these issues in 2008, MedPAC recommended that Congress raise the Medicare income and asset criteria to conform to the low-income drug subsidy and standardize program requirements so that the Social Security Administration could screen low-income drug subsidy applicants for federal Medicare Savings Program eligibility.

In response, the Medicare Savings Program Improvement Act of 2009 proposes to accomplish three goals. First, the bill aligns the Medicare Savings Program with the low-income drug subsidy program by reducing it to two beneficiary categories and standardizing the definition of income and assets for both programs.

Second, it would expand access by increasing the income eligibility limits for Qualified Medicare Beneficiaries up to 150 percent (an annual income level of \$16,245 for individuals and \$21,855 for families in 2009) and Specified Low-Income Beneficiaries up to 200 percent (an annual income of up to \$21,660 for individuals and up to \$29,140 in 2009) of the federal poverty level. And annual resource limits would be raised to \$27,000 for individuals